Instructions For Sequencing Batch Reactor Wastewater Treatment Plant

State Form 53339

Please direct questions or comments to Don Daily at 317/234-2579 or 800/451-6027 extension 4-2579, or by e-mail to ddaily@idem.IN.gov.

Instructions

General information (Facility Name, Permit Number, etc.) must be entered into the top box on the first page of January's report. This information will then show up on subsequent pages of the MRO automatically. However, should information change, the information can be changed on subsequent months (you'll need to use "Unfreeze Panes" under the "Window" menu selection to access that area on other months).

There are some blank columns. Simply type in column headings to use them.

If you are testing for TBOD rather than CBOD, please make that correction to the column headings.

For those columns that have "indefinite" headings (eg "hrs. or gal x 1000"), revise the heading to reflect your data. pH - if only one sample is taken per day, report that value only in the "low" column

Notes

Generally, the weekly average shows up on Saturday of each week. The exception is when a week overlaps two months. When a week contains days from two months, the weekly average shows up on the month containing four or more of the days of that week. If most of the days occur in the first month, the weekly average shows up on the last day of that month.

"Freeze Panes" has been used to keep row and column labels visible as you scroll.

This feature can be turned off by selecting "Unfreeze Panes" under the Window menu selection.

Do not use "cut & paste" or the space bar to make corrections. Each will likely cause errors.

E. Coli - The formula in the "average" box actually calculates the geometric mean. The program converts "TNTC" to 63,200 and converts "0" to "1" when calculating the monthly geometric mean.

After the December tab is one titled "Summary". This is a summary of the data entered into the 12 months of MRO forms and is for your use if desired in preparing an annual report, etc.

The cells with a yellow background contain formulas that calculate the information for that cell from other data entered into the worksheet. Cells containing formulas are "locked" to prevent accidental modification. Should you find it necessary to remove the cell protection, the password is "mro".

Round off the calculated numbers as appropriate when transferring the information to your DMR.

As with any important computer file, you should save a backup copy to a floppy disk or other location on a regular basis.

If the form doesn't print properly onto 4 pages, you'll need to adjust the print "scaling". Click on "File" and then "Page Setup" to find "scaling". You'll need to experiment to find the (lower) percentage that works for your printer.



Name of Facility			Permit Nu	mber
Month	Year	Plant Desig	n Flow	Telephone Number
January	2008		mgd	
Facility's e-mail a	ddress (if available	e):		

										Certified Operator: Name Class Certified						cate Number Expiration Date		
				Total=		>	С	HEMICA	LS			SE						
		only)	lal)			flov		USED				T	T		T			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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INO.	טו שמו	ıu	I			l					Signature	of Certified	d Operator			Date (mo	onth, day,	year)
I certify under penalty of law that this document and all attachments were prunder my direction or supervision in accordance with a system designed to a qualified personnel properly gather and evaluate the information submitted. my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the								gned to as bmitted. E s directly	ssure that Based on			I executive	officer or au	ıthorized	Date (mo			

knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and

imprisonment for knowing violations.

Signature of Certified Operator Date (month, day, year) **Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) Name of Facility or Month Of: 2008 January REACTOR #1 REACTOR # 2 REACTOR #3 FINAL EFFLUENT Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 minutes Settleable Solids % in 30 Settleable Solids % in 30 Coli - colony/100 ml pH - daily high (if multiple samples) Dissolved Oxygen -mg/l Residual Chlorine -Final pH - daily low (or single sample) Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Dissolved Oxygen mg/l Residual Chlorine -Contact Tank Dissolved Oxygen Phosphorus - mg/l Dissolved Oxygen Temperature in Day Of Month Reactors minutes minutes mg/l mg/l 3 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Avg. Max. Min. Data Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53339 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
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		January	20

- 1		
	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)

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		Fle	ow		ВС	<u>DD</u>		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	ner	
Bay Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average			
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	Total Monthly Fl	ow:									
	BOD5 S.S. Ammonia Phosphorus (m										
Percent Removal											
					Percent Capacit	y					
					(actual flow/design)						

State Form 53339 (8-07)

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lame of Facility	Permit Number	For Month Of:	Year
		January	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

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Day Of Month		Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Num	ber
Month	Year	Plant Desig	n Flow	Telephone Number
February	2008		mgd	
Facility's e-mail addr	ess (if available):			

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											Certified Operator: Name Class Certificate Number						Expiration Date		
		\sim		Total=		>	Cl	HEMICA	LS	RAW SEWAGE									
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (if metered) MGD	Нd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l		
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prepa design the in	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manag the system, or those persons directly responsible for gathering the							stem aluate											
information, the information submitted is, to the best of my knowledge and						ge and	ge and Signature of principal executive officer or authorized agent Date (month, day, year)					r)							
belief, true, accurate, and complete. I am aware that there are significant						icant													
penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							ine and												

Signature of Certified Operator Date (month, day, year) **Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) lame of Facility Permit Number For Month Of: February 2008 **REACTOR #1** REACTOR # 2 REACTOR #3 FINAL EFFLUENT Settleable Solids % in 30 minutes Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 Settleable Solids % in 30 Sludge Vol. Index - ml/gm Ξ pH - daily high (if multiple samples) Dissolved Oxygen -mg/l E. Coli - colony/100 pH - daily low (or single sample) Susp. Solids - mg/l Dissolved Oxygen mg/l Dissolved Oxygen mg/l Susp. Solids - mg/l Susp. Solids - mg/l Dissolved Oxygen Residual Chlorine Residual Chlorine Final Phosphorus - mg/l emperature in Day Of Month Contact Tank Reactors minutes minutes mg/l 5 6 7 8 9 10 11

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Comm	ents fo	or the Mo	onth (maj	or repair	s, break	downs,	process u	ıpsets a	nd their	causes,	inplant tre	eatment	process	bypass	, etc.):			

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Name of Facility	Permit Number	For Month Of:	Year
		February	2008

ı	Cianatura of Cartified Operator	Data (month day year)
	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)

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		Fle	ow		ВС	DD	1	Tota	al Suspe	nded So	olids		Amm	onia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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	MONTHLY RE	MOVAL SUMMA	\RY		Total Monthly Flow:
	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Percent Removal					
					Percent Capacity
					(actual flow/design)

State Form 53339 (8-07)

	* *		
me of Facility	Permit Number	For Month Of:	Year
		February	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

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Day Of Month		Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Nu	mber
Month	Year	Plant Desig	n Flow	Telephone Number
March	2008		mgd	
Facility's e-mail ad	ldress (if available	e):		
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										Certified Ope	rator: Nan	ne		Class	Certificate	Number	Expiration	on Date
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Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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Minimum No. of Data																		
I certify under penalty of law that this document and all attachments							Signature of	Certified (nerator			ID:	ate (<i>month</i>	day yea	vr)			
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I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																		

Signature of Certified Operator Date (month, day, year) **Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Date (month, day, year) Signature of principal executive officer or authorized agent lame of Facility For Month Of: 2008 March REACTOR #1 REACTOR # 2 FINAL EFFLUENT **REACTOR#3** Settleable Solids % in 30 minutes Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 Settleable Solids % in 30 Ξ E. Coli - colony/100 pH - daily high (if multiple samples) Susp. Solids - mg/l Dissolved Oxygen mg/l Susp. Solids - mg/l Dissolved Oxygen mg/l Susp. Solids - mg/l Dissolved Oxygen mg/l Residual Chlorine Contact Tank Residual Chlorine Dissolved Oxygen mg/l Phosphorus - mg/l pH - daily low (or single sample) Temperature in Reactors Day Of Month minutes minutes 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant State Form 53339 (8-07)

	<u> </u>		
Name of Facility	Permit Number	For Month Of:	Year
		March	2008

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Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)
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		Fle	ow		BO	DD		Tota	l Suspe	nded So	olids		Amn	onia		Oth	er
Day Of Month		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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		Total Monthly Flow:				
	BOD5 S.S. Ammonia Phosphorus					
Percent Removal						
					Percent Capacity	
					(actual flow/design)	

Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant State Form 53339 (8-07) Name of Facility Permit Number For Month Of: March 2008 Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent Date (month, day, year) Date (month, day, year) Date (month, day, year)

	SLUDG	SE TO	DIGESTER OPERATION													
	DIGES	STER	Ana	erobic (Only							'n				
Day Of Month		Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000				
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Num	nber
Month	Year	Plant Desig	n Flow	Telephone Number
April	2008		mgd	
Facility's e-mail addr	ess (if available):			

										Certified Oper	rator: Nan	ne		Class	Certificate	Number	Expirati	ion Date
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Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant						Signature of			ficer or auth	norized age		ate (<i>month</i>						
penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																		

ignature of Certified Operator Date (month, day, year) **Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) me of Facility For Month Of: April 2008 REACTOR #1 REACTOR # 2 REACTOR #3 FINAL EFFLUENT Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 minutes Settleable Solids % in 30 minutes Settleable Solids % in 30 minutes E. Coli - colony/100 ml pH - daily high (if multiple samples) Dissolved Oxygen -mg/l Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Dissolved Oxygen Residual Chlorine Residual Chlorine · Final Dissolved Oxygen mg/l **Dissolved Oxygen** Phosphorus - mg/l pH - daily low (or single sample) Temperature in Reactors Day Of Month Contact Tank mg/l mg/l 5 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Avg. Max. Min. Data Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53339 (8-07)

ame of Facility	Permit Number	For Month Of:	Year
		April	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)
•	

	FINAL EFFLUENT																
		Fle	ow		BO)D		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	er
Day Of Month		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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		Total Monthly Flow:		
	(million gallons)			
Percent Removal				
				Percent Capacity
				(actual flow/design)

State Form 53339 (8-07)

				М
me of Facility	Permit Number	For Month Of:	Year	l
		April	2008	
				L

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

	SLUDGE TO DIGESTER OPERATION													
	DIGES	STER	Ana	erobic (Only					_		Ę		
Day Of Month		Waste Act. Sludge Gal. x 1000	рН	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Data														

Send completed forms by the 28th of the month to:



Name of Facility		Permit Number				
Month	Year	Plant Desig	n Flow	Telephone Number		
May	2008		mgd			
Facility's e-mail addı	ess (if available):		-			

										Certified Ope	rator: Nar	ne		Class	Certificate	Number	Expirati	on Date
				Total=		>	Cl	HEMICAI	LS				RAW	SEWAG	E			
		only,	nal)			rflov		USED	_				1				1	
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (if metered) MGD	Нd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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2	Fri																	
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prepa design the in the so information	ared un gned to nforma ystem, mation f, true, lities fo	nder my assure tion sub or thos the info	direction that qualified. It is person to the person to th	n or sup alified pe Based of ns direct submitt complete se inform	ervisio ersonne n my ir ly resp eed is, t a. I am nation,	n in accel proper inquiry of consible to the b aware t	cordance erly gathe of the pers for gathe est of my that there	with a sys or and eva sons who	stem luate manage ge and icant	Signature of			ficer or auth	orized ager		ate (<i>month</i>		
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Monthly Report of Operation ignature of Certified Operator Date (month, day, year) **Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) For Month Of: May 2008 REACTOR #1 REACTOR # 2 FINAL EFFLUENT **REACTOR #3** Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 minutes Settleable Solids % in 30 Settleable Solids % in 30 minutes Coli - colony/100 pH - daily high (if multiple samples) Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Dissolved Oxygen mg/l Residual Chlorine Contact Tank **Dissolved Oxygen** Dissolved Oxygen Dissolved Oxygen Residual Chlorine Phosphorus - mg/l pH - daily low (or single sample) remperature in Day Of Month Reactors minutes Final mg/l 3 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 25 26 27 28 30 31 Avg. Max. Min. Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53339 (8-07)

ame of Facility	Permit Number	For Month Of:	Year
		1	
		Mav	2008
		,	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

							FI	NAL EFI	FLUENT								
		Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	sqı - 90080	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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3	Sat																
	Sun																
	Mon																
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31	Sat																
Avg																	
Max																	
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Data																	

	Total Monthly Flow:				
	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Percent Removal					
					Percent Capacity
					(actual flow/design)

State Form 53339 (8-07)

lame of Facility	Permit Number	For Month Of:	Year
		IMav	2008

	Signature of Certified Operator	Date (<i>month, day, year</i>)
2	Signature of principal executive officer or authorized agent	Date (month, day, year)

	SLUDO	SE TO				DIG	ESTER (ESTER OPERATION						
	DIGES	STER	Ana	erobic (Only					_		Ę		
Day Of Month		Waste Act. Sludge Gal. x 1000	Нd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Max.														
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Data														

Send completed forms by the 28th of the month to:



belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and

imprisonment for knowing violations.

Name of Facility			Permit Num	nber	
Month	Year	Plant Desig	n Flow	Telephone I	Number
June	2008		mgd		
Facility's e-mail addı	ess (if available):				
Certified Operator: Nar	ne	Class	Certificate	Number	Expiration Date

										Certified Ope	iaioi. ivai	iie		Class	Certifica	ate Number	Lxpiiat	ion Date
				Total=		>	CI	HEMICA	LS	RAW SEWAGE								
		(yluc	lal)			rflov		USED				1						
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (if metered) MGD	Нd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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prepar	ed ur	nder my	directio	n or sup	ervisio	n in acc	cordance	with a sy	stem							,	J. J	,
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information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant									Signature of	principal e	executive of	ficer or auth	orized ager	nt	Date (mont	h, day, yea	ar)	
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Monthly Report of Operation ignature of Certified Operator Date (month, day, year) **Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) For Month Of: 2008 June REACTOR #1 **REACTOR #2 REACTOR #3** FINAL EFFLUENT Settleable Solids % in 30 Sludge Vol. Index - ml/gm Settleable Solids % in 30 Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 Residual Chlorine -Final Coli - colony/100 pH - daily high (if multiple samples) Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Dissolved Oxygen · mg/l Dissolved Oxygen mg/l Dissolved Oxygen mg/l **Dissolved Oxygen** Residual Chlorine Phosphorus - mg/l pH - daily low (or single sample) emperature in Day Of Month **Sontact Tank** Reactors minutes minutes minutes mg/l 5 6 8 10 11 12 13 14 15 16 17 18 20 21 22 23 24 25 26 27 28 29 30 Avg. Max. Min. Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53339 (8-07)

Permit Number For Month Of: Year

June 2008

Signature of Certified Operator	Date (month, day, year)

Signature of principal executive officer or authorized agent Date (month, day, year)

							FI	NAL EFI	FLUENT					<u>'</u>			
		Fle	ow		BO)D		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	ner
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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	Total Monthly Flow:				
	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Percent Removal					
•					Percent Capacity
					(actual flow/design)

State Form 53339 (8-07)

ame of Facility	Permit Number	For Month Of:	Year
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			2000
		June	2008
	•	•	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

	SLUD	GE TO				DIG	ESTER (PERAT	ION					
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Day Of Month		Waste Act. Sludge Gal. x 1000	Нd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Nun	nber
Month	Year	Plant Desig	n Flow	Telephone Number
July	2008		mgd	
Facility's e-mail a	ddress (if availahl	٥).		

Certified Operator: Name Class Certificate Number **Expiration Date CHEMICALS** Total= **RAW SEWAGE** ("x" If Occurred)
Collection System Overflow Man-Hours at Plant (Plants less than 1 MGD only) **USED** Air Temperature (optional) Gal Precipitation - Inches Bypass At Plant Site Lbs or ō Susp. Solids - mg/l Influent Flow Rate (if metered) MGD Phosphorus - mg/l Lbs Susp. Solids - Ibs ("x" If Occurred) Ammonia - mg/l Chlorine - Lbs CBOD5 - mg/l Day Of Month Day of Week CBOD5 - lbs H Tue 2 Wed 3 Thu 4 Fri 5 Sat 6 Sun 7 Mon 8 Tue Wed 10 Thu 11 Fri 12 Sat 13 Sun 14 Mon 15 Tue 16 Wed 17 Thu 18 Fri 19 Sat 20 Sun 21 Mon 22 Tue 23 Wed Thu 25 Fri 26 Sat 27 Sun 28 Mon 29 Tue 30 Wed 31 Thu Average Maximum Minimum I certify under penalty of law that this document and all attachments were Signature of Certified Operator Date (month, day, year) prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the Signature of principal executive officer or authorized agent Date (month, day, year) information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Monthly Report of Operation ignature of Certified Operator Date (month, day, year) **Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) For Month Of: July 2008 **REACTOR #1** REACTOR # 2 **REACTOR #3** FINAL EFFLUENT Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 minutes Settleable Solids % in 30 Settleable Solids % in 30 E. Coli - colony/100 ml pH - daily high (if multiple samples) Residual Chlorine -Final Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Dissolved Oxygen Dissolved Oxygen Residual Chlorine Dissolved Oxygen mg/l Phosphorus - mg/l **Dissolved Oxygen** pH - daily low (or single sample) Temperature in Reactors Day Of Month Sontact Tank minutes mg/l ng/I 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 25 26 27 28 29 30 31 Avg. Max. Min. Data

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant State Form 53339 (8-07)

ame of Facility	Permit Number	For Month Of:	Year
		July	2008

	Signature of Certified Operator	Date (month, day, year)
_	Signature of principal executive officer or authorized agent	Date (month, day, year)

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	Flov	W		ВС	DD		Tota	l Suspe	nded So	olids		Amn	nonia		Oth	er
Day Of Month Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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	Total Monthly Flow:				
	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Percent Removal					
					Percent Capacity
					(actual flow/design)

State Form 53339 (8-07)

ame of Facility	Permit Number	For Month Of:	Year
		July	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

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Data Data	

Send completed forms by the 28th of the month to:



Name of Facility		I	Permit Num	nber	
Month	Year	Plant Design	Flow	Telephone	Number
August	2008		mgd		
Facility's e-mai	l address (if available	e):			
Certified Operator	or: Name	Class	Certificate	Number	Expiration Date

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Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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I cert	ify unc	der pena						achments		Signature of	Certified (Operator			Da	ate (month	ı, day, yea	ar)
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of principal executive officer or authorized agent

Date (month, day, year)

ignature of Certified Operator **Monthly Report of Operation** Date (month, day, year) **Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) For Month Of: 2008 August REACTOR #1 **REACTOR #2 REACTOR #3** FINAL EFFLUENT Settleable Solids % in 30 Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 Settleable Solids % in 30 pH - daily high (if multiple samples) Coli - colony/100 Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Residual Chlorine · Final **Dissolved Oxygen** Dissolved Oxygen Dissolved Oxygen mg/l Dissolved Oxygen Residual Chlorine Phosphorus - mg/l pH - daily low (or single sample) emperature in Day Of Month Sontact Tank Reactors minutes minutes ninutes mg/l mg/l mg/l 5 6 8 10 11 12 13 14 15 16 17 18 20 21 22 23 24 25 26 27 28 29 30 31 Avg. Max. Min. Data Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53339 (8-07)

Avg Max Min Data

Permit Number	For Month Of:	Year
	August	2008

Signature of Certified Operator	Date (month, day, year)

Date (month, day, year)

Signature of principal executive officer or authorized agent

FINAL EFFLUENT Flow BOD **Total Suspended Solids** Ammonia Other Susp. Solids - Ibs/day Susp. Solids - mg/l Weekly Average Effluent Flow Rate (MGD) Susp. Solids - mg/l Ammonia - Ibs/day Weekly Average Effluent Flow Weekly Average CBOD5 - mg/l Weekly Average Ammonia - mg/l Weekly Average Susp. Solids - Ibs CBOD5 - lbs/day Neekly Average Weekly Average Ammonia - mg/l Ammonia - Ibs CBOD5 - mg/l Day Of Month Day of Week CBOD5 - lbs 2 3 Sun 4 5 Tue 6 7 Thu 8 Fri Sat 10 Sun 11 Mon 12 Tue Wed 14 Thu 15 16 Sat 17 Sun 18 Mon Tue 20 Wed 21 Thu 22 23 Sat 24 Sun 25 Mon 26 Tue 27 Wed 28 Thu 29 30 31

	Total Monthly Flow:								
	BOD5 S.S. Ammonia Phosphorus (m								
Percent Removal									
					Percent Capacity				
	(a								

	er Treatment			
State Form 5333	39 (8-07)			Signature of principal executive officer or authorize
Name of Facility	Permit Number	For Month Of:	Year	2 3
		August	2008	

ignature of Certified Operator	Date (month, day, year)
ignature of principal executive officer or authorized agent	Date (month, day, year)

	SLUDO	SE TO				DIG	ESTER (OPERAT	ION						
	DIGES	STER	Ana	erobic (Only							ے			
Day Of Month		Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000			
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Nun			
Month	Year	Plant Desig	n Flow	Telephone	e Number	
September	2008		mgd			
Facility's e-mail a	ddress (if available):	0				
Cortified Operator:	Namo	Class	Cortificate	Numbor	Evniration D	ato.

		nly)	al)	Total=		flow	CI	HEMICAI USED	LS				RAW	SEWAG	E			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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l cert	tify unc	ler pena	Ity of la	w that th	is docu	ıment a	ind all atta	achments with a sys	were	Signature of	Certified (Operator			Da	ite (<i>month</i>	, day, yea	rr)
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Signature of principal executive officer or authorized agent

Date (month, day, year)

the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant

penalties for submitting false information, including the possibility of fine and

imprisonment for knowing violations.

Monthly Report of Operation ignature of Certified Operator Date (month, day, year) **Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) For Month Of: 2008 September REACTOR #1 REACTOR # 2 **REACTOR #3** FINAL EFFLUENT Settleable Solids % in 30 Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 Settleable Solids % in 30 pH - daily high (if multiple samples) Coli - colony/100 Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Residual Chlorine · Final **Dissolved Oxygen** Dissolved Oxygen Dissolved Oxygen mg/l Dissolved Oxygen mg/l Residual Chlorine Phosphorus - mg/l pH - daily low (or single sample) emperature in ay Of Month Sontact Tank Reactors minutes minutes ninutes mg/l mg/l 5 6 8 10 11 12 13 14 15 16 17 18 20 21 22 23 24 25 26 27 28 29 30 Avg. Max. Min. Data Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant State Form 53339 (8-07)

otate Form 53339 (8-0	7)		
ame of Facility	Permit Number	For Month Of:	Year
		September	200

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month_day_vear)

	FINAL EFFLUENT															
	Flow		BOD			Total Suspended Solids			Ammonia			Other				
Day Of Month Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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Avg																
Max																
Min																
Data																

	Total Monthly Flow:						
	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)		
Percent Removal							
					(actual flow/design)		

State Form 53339 (8-07)

ame of Facility	Permit Number	For Month Of:	Year
		September	2008

Signature of Certified Operator	Date (month, day, year)
	3.3
Signature of principal executive officer or authorized agent	Date (month, day, year)

	SLUD	GE TO				DIG	ESTER (OPERAT	ION					
	DIGE	STER	Ana	erobic (Only							C		
Day Of Month		Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Avg.														
Max.														
Min.														
Data														

Send completed forms by the 28th of the month to:



Name of Facility			Permit Nun	nber	
Month	Year	Plant Desi	gn Flow	Telephone	e Number
October	2008		mgd		
Facility's e-mail	address (if availab	le):			
Certified Operator	r: Name	Class	Certificate	Number	Expiration Date

	nly)	al)	Total=		flow	CI	HEMICA USED	LS				RAW	SEWAG	βE			
Day of Week		Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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I certify u	nder pen	alty of la	w that th	is docu	ıment a	nd all att	achments	were	Signature of	Certified (Operator			D	ate (<i>montl</i>	n, day, yea	ar)
prepared designed	under m	y direction	on or sup	ervisio	n in acc	cordance	with a sys	stem									
the inform																	

Page 1 of 4

Signature of principal executive officer or authorized agent

Date (month, day, year)

the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and

belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and

imprisonment for knowing violations.

Monthly Report of Operation ignature of Certified Operator Date (month, day, year) **Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) For Month Of: 2008 October REACTOR #1 **REACTOR #2 REACTOR #3** FINAL EFFLUENT Settleable Solids % in 30 Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 Settleable Solids % in 30 pH - daily high (if multiple samples) Coli - colony/100 Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Residual Chlorine · Final **Dissolved Oxygen** Dissolved Oxygen Dissolved Oxygen mg/l Dissolved Oxygen mg/l Residual Chlorine Phosphorus - mg/l pH - daily low (or single sample) emperature in Day Of Month Sontact Tank Reactors minutes minutes ninutes mg/l mg/l 5 6 8 10 11 12 13 14 15 16 17 18 20 21 22 23 24 25 26 27 28 29 30 31 Avg. Max. Min. Data Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53339 (8-07)

Name of Facility

Permit Number	For Month Of:	Year
	October	200

Signature of Certified Operator	Date (month, day, year)

Signature of principal executive officer or authorized agent

Date (month, day, year)

		FINAL EFFLUENT Flow BOD Total Suspended Solids Ammonia															
		Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amm	onia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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	Total Monthly Flow:									
	BOD5 S.S. Ammonia Phosphorus (mil									
Percent Removal										
					Percent Capacity					
					(actual flow/design)					

State Form 53339 (8-07)

ame of Facility	Permit Number	For Month Of:	Year
		October	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Data (manth day year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

October 2000														
	SLUD	GE TO				DIG	ESTER (OPERAT	ION					
	DIGE	STER	Ana	erobic (Only					_		Ę		
Day Of Month		Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Avg.														
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Data														

Send completed forms by the 28th of the month to:



Name of Facility		Permit Number						
Month	Year	Plant Desig	n Flow	Telephone Number				
November	2008		mgd					
Facility's e-mail addr	ess (if available):	0						
Certified Operator: Nar	ne	Class	Certificate	Number	Expiration Date			

	(ylı	(lg	Total=		low	CI	HEMICAL USED	_S				RAW	SEWAG	SE.			
Day Of Month Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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Maximur																	
	Minimum																
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system						Signature of	cerunea (ррегасог			ا	ate (<i>montl</i>	ı, uay, yea	<i>11</i>)			
	signed to assure that qualified personnel properly gather and evaluate																

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of principal executive officer or authorized agent

Date (month, day, year)

Monthly Report of Operation ignature of Certified Operator Date (month, day, year) **Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) or Month Of: 2008 November REACTOR #1 REACTOR # 2 **REACTOR #3** FINAL EFFLUENT Settleable Solids % in 30 Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 Settleable Solids % in 30 pH - daily high (if multiple samples) Coli - colony/100 Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Residual Chlorine · Final **Dissolved Oxygen** Dissolved Oxygen Dissolved Oxygen mg/l Dissolved Oxygen mg/l Residual Chlorine Phosphorus - mg/l pH - daily low (or single sample) emperature in ay Of Month Sontact Tank Reactors minutes minutes ninutes mg/l mg/l 5 6 8 10 11 12 13 14 15 16 17 18 20 21 22 23 24 25 26 27 28 29 30 Avg. Max. Min. Data Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Permit Number

For Month Of:

November

State Form 53339 (8-07)

Signature of principal executive officer or authorized agent	Date (month, day, year)
•	

Date (month, day, year)

FINAL EFFLUENT Flow BOD **Total Suspended Solids** Ammonia Other Susp. Solids - Ibs/day Susp. Solids - mg/l Weekly Average Effluent Flow Rate (MGD) Susp. Solids - mg/l Ammonia - Ibs/day Weekly Average Effluent Flow Weekly Average CBOD5 - mg/l Weekly Average Ammonia - mg/l Weekly Average Susp. Solids - Ibs CBOD5 - lbs/day Neekly Average Weekly Average Ammonia - mg/l Ammonia - Ibs CBOD5 - mg/l Day Of Month Day of Week CBOD5 - lbs 2 3 Mon Tue 5 Wed 6 Thu 7 8 Sat Sun 10 Mon 11 Tue 12 Wed 14 Fri 15 16 Sun 17 Mon 18 Tue 20 Thu 21 23 Sun 24 Mon 25 Tue 26 Wed 27 Thu 28 29 30 Sun Avg Max Min Data

Signature of Certified Operator

2008

	Total Monthly Flow:		
	(million gallons)		
Percent Removal			
			Percent Capacity
	(actual flow/design)		

State Form 53339 (8-07)

lame of Facility	Permit Number	For Month Of:	Year
		November	2008

I	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)

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	SLUD	GE TO				DIG	ESTER (OPERAT	ION					
	DIGE	STER	Ana	erobic (Only							Ę		
Day Of Month		Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Num	nber
Month	Year	Plant Desig	n Flow	Telephone Number
December	2008		mgd	
Facility's e-mail addr	ess (if available):			

									Certified Ope	rator: Nar	ne		Class	Certificate	e Number	Expirati	on Date	
				Total=			CI	HEMICA	LS				RAW	SEWAG	E			
		ylly)	lal)			-flow		USED				1	1					1
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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3	Fri Sat	needed	for wee	kly aver	age ca	lculatio	ns.											
Ave	age																	
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	No. of Data certify under penalty of law that this document and all attachments were					Signature of	Certified (Operator			In	ate (<i>monti</i>	h day ve	ar)				
prepared by the integral of the state of the	ared un gned to nforma ystem,	nder my assure tion sub or thos	direction that qua mitted. I e persor	n or sup alified pe Based o ns direct	ervisio ersonne n my ir ly resp	n in ac el prope quiry c onsible	cordance erly gathe of the pers e for gathe	with a system and evanged with a system of the system of t	stem luate manage				£					
information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signature of principal executive officer or authorized agent bate (month, do								h, day, yea	11)									

Date (month, day, year) Signature of Certified Operator **Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant** State Form 53339 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) me of Facility For Month Of: 2008 December REACTOR #1 REACTOR # 2 **REACTOR #3** FINAL EFFLUENT Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Sludge Vol. Index - ml/gm Settleable Solids % in 30 minutes Settleable Solids % in 30 Settleable Solids % in 30 pH - daily high (if multiple samples) Coli - colony/100 Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Dissolved Oxygen Residual Chlorine Residual Chlorine Dissolved Oxygen Dissolved Oxygen Dissolved Oxygen pH - daily low (or single sample) Phosphorus - mg/l Temperature in Reactors Day Of Month **Contact Tank** minutes mg/l mg/l mg/l mg/l 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Avg. Max Min. Data Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53339 (8-07)

lame of Facility	Permit Number	For Month Of:	Year
		December	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

							FI	NAL EF	LUENT								
1		Flo	ow		ВС	DD		Tota	l Suspe	nded So	olids		Amn	nonia		Oth	ıer
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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	Total Monthly Flow:										
	BOD5 S.S. Ammonia Phosphorus (
Percent Removal											
					Percent Capacity						
					(actual flow/design)						

Monthly Report of Operation Sequencing Batch Reactor

Name of Facility Permit Number For Month Of: Year				
,	<i>'</i>	For Month Of:		Signature of principal executive officer or authorized agent
varie of Facility	1 chille Number		2008	
		December		

gnature of Certified Operator	Date (month, day, year)
gnature of principal executive officer or authorized agent	Date (<i>month, day, year</i>)

	L	2008												
	SLUDO	SE TO				DIG	ESTER (OPERAT	ION					
	DIGES		Ana	erobic (Only							_		
Day Of Month		Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:

Annual Summation of Monthly Reports of Operation 2008

		RAW SEWAGE												
	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l						
Average														
Maximum														
Minimum														
Totals														
No. of Data														
Estimated Ann	ual Totals	(Average 2	X 365)											

	PERCENT REMOVAL SUMMARY													
				BOD5 S.S.				Amm	nonia	Phosp	horus			
	Overall Tr	eatment												
-								Plant Des	sign Flow					
								Annual A	verage Fl	ow				
								Capacity						
	REACT	OR # 1			REACT	OR # 2			REACT	TOR # 3				
Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l			
1														

			FINAL EFFLUENT																			
							Flow BOD			Total Suspended Solids			Ammonia			Otl	ner					
	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
Average																						
Maximum																						
Minimum																						
Totals																						
No. of Data																						
Estimated An	nual Tota	Totals (Average X 365)																				

	only)			flow	С	HEMICAL USED	-S
	Man-Hours at Plant (Plants less than 1 MGD only)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal
Average							
Maximum							
Minimum							
Totals							
No. of Data							

SLUDGE TO					DIC	SESTER (OPERATI	ON			
DIGESTER	An	Anaerobic Only						3		٧n	
Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	